

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/1435, 274	FILING DATE 11-05-99				
						CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.
1	1						51	1			
2		1					52		1		
3		1					53		1		
4		1					54		1		
5		1					55		1		
6		1					56		1		
7		2					57		1		
8		2					58		1		
9		1					59		2		
10		1					60		2		
11	1						61	2			
12		1					62		1		
13		1					63		1		
14		1					64	1			
15		1					65		1		
16		1					66		1		
17		2					67		1		
18		2					68		1		
19		1					69		1		
20		1					70		1		
21	1						71		1		
22		1					72		1		
23		1					73		1		
24		1					74		1		
25		2					75		1		
26		2					76		1		
27		1					77		1		
28		1					78		1		
29		1					79				
30		1					80				
31		1					81				
32		1					82				
33	1						83				
34		1					84				
35		1					85				
36	1						86				
37		1					87				
38	1						88				
39		1					89				
40		1					90				
41		1					91				
42		1					92				
43		1					93				
44		1					94				
45		2					95				
46		2					96				
47		2					97				
48		1					98				
49		1					99				
50		2					100				
TOTAL IND.	8						TOTAL IND.				
TOTAL DEP.	88	↓	↓	↓	↓		TOTAL DEP.	↓	↓	↓	↓
TOTAL CLAIMS	96	↓	↓	↓	↓		TOTAL CLAIMS	↓	↓	↓	↓